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[illegible]

- Please fill in the following questions with the help of your teacher/survey assistant.**

[illegible]

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- _____

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- _____
- _____

11

PLEASE DO NOT WRITE IN THIS AREA

The next section asks about your experiences at school.

The next questions ask about your feelings and experiences in other parts of your life.

	NO!	no	yes	YES!
7. In my school, students have lots of chances to help decide things like class activities and rules.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Teachers ask me to work on special classroom projects.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. My teacher(s) notices when I am doing a good job and lets me know about it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. There are lots of chances for students in my school to get involved in sports, clubs, and other school activities outside of class.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. There are lots of chances for students in my school to talk with a teacher one-on-one.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I feel safe at my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. The school lets my parents know when I have done something well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. My teachers praise me when I work hard in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Are your school grades better than the grades of most students in your class?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I have lots of chances to be part of class discussions or activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. Now thinking back over the past year in school, how often did you:

	Almost Always	Often	Sometimes	Seldom	Never
a. enjoy being in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. hate being in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. try to do your best work in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. How often do you feel that the school work you are assigned is meaningful and important?

	Almost Always	Often	Sometimes	Seldom	Never
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. Putting them all together, what were your grades like last year?

- ☐ Mostly F's ☐ Mostly B's
☐ Mostly D's ☐ Mostly A's
☐ Mostly C's

20. How important do you think the things you are learning in school are going to be for your later life?

- ☐ Very important ☐ Slightly important
☐ Quite important ☐ Not at all important
☐ Fairly important

21. How interesting are most of your courses to you?

- ☐ Very interesting and stimulating
☐ Quite interesting ☐ Slightly dull
☐ Fairly interesting ☐ Very dull

22. During the LAST FOUR WEEKS how many whole days of school have you missed because you skipped or 'cut'?

- ☐ None ☐ 1 ☐ 2 ☐ 3 ☐ 4-5 ☐ 6-10 ☐ 11 or more

23. Think of your four best friends (the friends you feel closest to). In the past year (12 months), how many of your best friends have:

Number of Friends

	0	1	2	3	4
a. participated in clubs, organizations or activities at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. smoked cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. tried beer, wine or hard liquor (for example, vodka, whiskey, or gin) when their parents didn't know about it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. made a commitment to stay drug-free?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. used marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. tried to do well in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. used LSD, cocaine, amphetamines, or other illegal drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. been suspended from school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. liked school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. carried a handgun?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. sold illegal drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. regularly attended religious services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. stolen or tried to steal a motor vehicle such as a car or motorcycle?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. been arrested?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. dropped out of school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. What are the chances you would be seen as cool if you:

	Very Good Chance	Pretty Good Chance	Some Chance	Little Chance	No or Very Little Chance
a. smoked cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. worked hard at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. began drinking alcoholic beverages regularly, that is, at least once or twice a month?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. defended someone who was being verbally abused at school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. smoked marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. used smokeless tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. carried a handgun?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. regularly volunteered to do community service?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. How old were you when you first:

17 or Older	16	15	14	13	12	11	9 or 10	8 or Younger	Never
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a. smoked marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. smoked a cigarette, even just a puff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. had more than a sip or two of beer, wine or hard liquor (for example, vodka, whiskey, or gin)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. began drinking alcoholic beverages regularly, that is, at least once or twice a month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. used smokeless tobacco (dip, snuff, chew)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. used methamphetamines (meth, ice, crystal, or speed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. got suspended from school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. got arrested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. carried a handgun?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. attacked someone with the idea of seriously hurting them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. How wrong do you think it is for someone your age to:

Not Wrong at All	A Little Bit Wrong	Wrong	Very Wrong
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a. take a handgun to school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. steal anything worth more than \$5?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. pick a fight with someone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. attack someone with the idea of seriously hurting them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. stay away from school all day when their parents think they are at school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. drink beer, wine or hard liquor (for example, vodka, whiskey, or gin) regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. smoke cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. smoke marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. use LSD, cocaine, amphetamines or another illegal drug?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. At school during the past 12 months, did you receive help from the resource teacher, speech therapist or other special education teacher?

☐ No ☐ Yes

28. How many times have you done the following things?

Never	I've Done it, But Not in the Past Year	Less Than Once a Month	About Once a Month	2 or 3 Times a Month	Once a Week or More
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a. done what feels good no matter what.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. done something dangerous because someone dared you to do it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. done crazy things even if they are a little dangerous?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. How many times in the past year (12 months) have you:

40+ Times	30 to 39 Times	20 to 29 Times	10 to 19 Times	6 to 9 Times	3 to 5 Times	1 to 2 Times	Never
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a. been suspended from school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. carried a handgun?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. sold illegal drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. stolen or tried to steal a motor vehicle such as a car or motorcycle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. participated in clubs, organizations or activities at school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. been arrested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. done extra work on your own for school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. attacked someone with the idea of seriously hurting them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. been drunk or high at school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. volunteered to do community service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. taken a handgun to school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

30. Are you currently on probation, or assigned a probation officer with Juvenile Court?

☐ No ☐ Yes

31. Have you ever belonged to a gang?

☐ No ☐ Yes, belong now
☐ No, but would like to ☐ Yes, but would like to get out
☐ Yes, in the past

32. You're looking at CD's in a music store with a friend. You look up and see her slip a CD under her coat. She smiles and says "Which one do you want? Go ahead, take it while nobody's around." There is nobody in sight, no employees and no other customers. What would you do now?

- ☐ Ignore her
- ☐ Grab a CD and leave the store
- ☐ Tell her to put the CD back
- ☐ Act like it is a joke, and ask her to put the CD back

33. You are visiting another part of town, and you don't know any of the people your age there. You are walking down the street, and some teenager you don't know is walking toward you. He is about your size, and as he is about to pass you, he deliberately bumps into you and you almost lose your balance. What would you say or do?

- ☐ Push the person back
- ☐ Say "Excuse me" and keep on walking
- ☐ Say "Watch where you are going" and keep on walking
- ☐ Swear at the person and walk away

34. You are at a party at someone's house, and one of your friends offers you a drink containing alcohol. What would you say or do?

- ☐ Drink it
- ☐ Tell your friend, "No thanks, I don't drink" and suggest that you and your friend go and do something else
- ☐ Just say, "No thanks" and walk away
- ☐ Make up a good excuse, tell your friend you had something else to do, and leave

35. It's 8:00 on a weeknight and you are about to go over to a friend's home when your mother asks you where you are going. You say "Oh, just going to go hang out with some friends." She says, "No, you'll just get into trouble if you go out. Stay home tonight." What would you do now?

- ☐ Leave the house anyway
- ☐ Explain what you are going to do with your friends, tell her when you will get home, and ask if you can go out
- ☐ Not say anything and start watching TV
- ☐ Get into an argument with her

36. How often do you attend religious services or activities?

- ☐ Never ☐ 1-2 Times a Month
- ☐ Rarely ☐ About Once a Week or More

37. I do the opposite of what people tell me, just to get them mad.

- ☐ Very False ☐ Somewhat True
- ☐ Somewhat False ☐ Very True

38. I like to see how much I can get away with.

- ☐ Very False ☐ Somewhat True
- ☐ Somewhat False ☐ Very True

39. I ignore rules that get in my way.

- ☐ Very False ☐ Somewhat True
- ☐ Somewhat False ☐ Very True

	NO!	no	yes	YES!
40. I think sometimes it's okay to cheat at school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. It is important to think before you act.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. Sometimes I think that life is not worth it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43. At times I think I am no good at all.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44. All in all, I am inclined to think that I am a failure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45. In the past year, have you felt depressed or sad MOST days, even if you felt okay sometimes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
46. It is all right to beat up people if they start the fight.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
47. I think it is okay to take something without asking if you can get away with it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

48. Sometimes we don't know what we will do as adults, but we may have an idea. Please answer how true these statements may be for you. WHEN I AM AN ADULT I WILL:

	NO!	no	yes	YES!
a. smoke cigarettes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. use smokeless tobacco.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. drink beer, wine, or liquor.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. smoke marijuana.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. use LSD, cocaine, amphetamines or another illegal drug.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

49. How much do you think people risk harming themselves (physically or in other ways) if they:

	Great Risk			
	Moderate Risk			
	Slight Risk			
	No Risk			
a. smoke one or more packs of cigarettes per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. use smokeless tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. try marijuana once or twice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. smoke marijuana regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. use methamphetamines (meth, ice, crystal, or speed)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[illegible]

72. Think back over the last two weeks. How many times have you had five or more alcoholic drinks in a row?

☐ None

☐ Once

☐ Twice

☐ 3-5 times

☐ 6-9 times

☐ 10 or more times

73. Have you ever used smokeless tobacco (chew, snuff, plug, dipping tobacco, or chewing tobacco)?

☐ Never ☐ Regularly in the past
☐ Once or Twice ☐ Regularly now
☐ Once in a while but not regularly

74. How frequently have you used smokeless tobacco during the past 30 days?

☐ Never
 ☐ 3 to 5 times per week
☐ Once or Twice
 ☐ About once a day
☐ Once or twice per week
 ☐ More than once a day

75. Have you ever smoked cigarettes?

☐ Never
 ☐ Regularly in the past
☐ Once or Twice
 ☐ Regularly now
☐ Once in a while but not regularly

76. During the past 30 days, on how many days did you smoke cigarettes?

☐ 0 days

☐ 1 or 2 days

☐ 3 to 5 days

☐ 6 to 9 days

☐ 10 to 19 days

☐ 20 to 29 days

☐ All 30 days

77. During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?

- ☐ I did not smoke cigarettes during the past 30 days
- ☐ Less than 1 cigarette per day
- ☐ 1 cigarette per day
- ☐ 2 to 5 cigarettes per day
- ☐ 6 to 10 cigarettes per day
- ☐ 11 to 20 cigarettes per day
- ☐ More than 20 cigarettes per day

78. Do you think that ceremonial use of tobacco among American Indian people promotes cigarette smoking as a habit?

☐ Definitely yes ☐ Probably not
☐ Probably yes ☐ Definitely not

These questions ask about the neighborhood and community where you live.

79. How wrong would most adults (over 21) in your neighborhood think it is for kids your age:

Not Wrong at All
A Little Bit Wrong
Wrong
Very Wrong

a. to use marijuana?

☐ ☐ ☐ ☐

b. to drink alcohol?

☐ ☐ ☐ ☐

c. to smoke cigarettes?

☐ ☐ ☐ ☐

80. How much do each of the following statements describe your neighborhood?

NO! no yes YES!

a. crime and/or drug selling

☐ ☐ ☐ ☐

b. fights

☐ ☐ ☐ ☐

c. lots of empty or abandoned buildings

☐ ☐ ☐ ☐

d. lots of graffiti

☐ ☐ ☐ ☐

81. If I had to move, I would miss the neighborhood I now live in.

☐ ☐ ☐ ☐

82. My neighbors notice when I am doing a good job and let me know about it.

☐ ☐ ☐ ☐

83. I like my neighborhood.

☐ ☐ ☐ ☐

84. There are lots of adults in my neighborhood I could talk to about something important.

☐ ☐ ☐ ☐

85. I'd like to get out of my neighborhood.

☐ ☐ ☐ ☐

86. There are people in my neighborhood who are proud of me when I do something well.

☐ ☐ ☐ ☐

87. There are people in my neighborhood who encourage me to do my best.

☐ ☐ ☐ ☐

88. I feel safe in my neighborhood.

☐ ☐ ☐ ☐

89. Which of the following activities for people your age are available in your community?

a. sports teams

☐ No ☐ Yes

b. scouting

☐ No ☐ Yes

c. boys and girls clubs

☐ No ☐ Yes

d. 4-H clubs

☐ No ☐ Yes

e. service clubs

☐ No ☐ Yes

NO! no yes YES!

90. If a kid smoked marijuana in your neighborhood would he or she be caught by the police?

☐ ☐ ☐ ☐

91. If a kid smoked cigarettes in your neighborhood, would he or she be caught by the police?

☐ ☐ ☐ ☐

92. If a kid drank some beer, wine or hard liquor (for example, vodka, whiskey, or gin) in your neighborhood would he or she be caught by the police?

☐ ☐ ☐ ☐

93. If a kid carried a handgun in your neighborhood would he or she be caught by the police?

☐ ☐ ☐ ☐

Very Easy

Sort of Easy

Sort of Hard

Very Hard

94. If you wanted to get some cigarettes, how easy would it be for you to get some?

☐ ☐ ☐ ☐

95. If you wanted to get some beer, wine or hard liquor (for example, vodka, whiskey, or gin), how easy would it be for you to get some?

☐ ☐ ☐ ☐

96. If you wanted to get a drug like cocaine, LSD, or amphetamines, how easy would it be for you to get some?

☐ ☐ ☐ ☐

97. If you wanted to get a handgun, how easy would it be for you to get one?

☐ ☐ ☐ ☐

98. If you wanted to get some marijuana, how easy would it be for you to get some?

☐ ☐ ☐ ☐

99. If you wanted to get some methamphetamines, how easy would it be for you to get some?

☐ ☐ ☐ ☐

The next few questions ask about your family.

100. How wrong do your parents feel it would be for YOU to:

Not Wrong at All
A Little Bit Wrong
Wrong
Very Wrong

a. drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly?

☐ ☐ ☐ ☐

b. smoke cigarettes?

☐ ☐ ☐ ☐

c. use smokeless tobacco?

☐ ☐ ☐ ☐

d. smoke marijuana?

☐ ☐ ☐ ☐

e. steal something worth more than \$5?

☐ ☐ ☐ ☐

f. draw graffiti, write things, or draw pictures on buildings or other property (without the owner's permission)?

☐ ☐ ☐ ☐

g. pick a fight with someone?

☐ ☐ ☐ ☐

101. Have any of your brothers or sisters ever:

I don't have any Brothers or Sisters			
	Yes		
	No		
a. drunk beer, wine or hard liquor (for example, vodka, whiskey or gin)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. smoked marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. used smokeless tobacco?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. smoked cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. taken a handgun to school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. been suspended or expelled from school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	NO!	no	yes	YES!
102. The rules in my family are clear.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
103. People in my family often insult or yell at each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
104. When I am not at home, one of my parents knows where I am and who I am with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
105. We argue about the same things in my family over and over.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
106. If you drank some beer, wine, or liquor (for example, vodka, whiskey, or gin) without your parents' permission, would you be caught by your parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
107. My family has clear rules about alcohol and drug use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
108. My family has clear rules about cigarettes and tobacco use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
109. If you carried a handgun without your parents' permission, would you be caught by your parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
110. If you skipped school would you be caught by your parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
111. Do you feel very close to your mother?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
112. Do you share your thoughts and feelings with your mother?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
113. My parents ask me what I think before most family decisions affecting me are made.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
114. Do you share your thoughts and feelings with your father?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
115. Do you enjoy spending time with your mother?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
116. Do you enjoy spending time with your father?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
117. If I had a personal problem, I could ask my mom or dad for help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	NO!	no	yes	YES!
118. Do you feel very close to your father?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
119. My parents give me lots of chances to do fun things with them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120. My parents ask if I've gotten my homework done.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
121. People in my family have serious arguments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
122. Would your parents know if you did not come home on time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
123. It is important to be honest with your parents, even if they become upset or you get punished.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

124. My parents notice when I am doing a good job and let me know about it.

- ☐ Never or Almost Never
 ☐ Often
☐ Sometimes
 ☐ All the Time

125. How often do your parents tell you they're proud of you for something you've done?

- ☐ Never or Almost Never
 ☐ Often
☐ Sometimes
 ☐ All the Time

126. How many brothers and sisters, including stepbrothers and stepsisters, do you have that are younger than you?

- ☐ 0
 ☐ 1
 ☐ 2
 ☐ 3
 ☐ 4
 ☐ 5
 ☐ 6 or more

127. How many brothers and sisters, including stepbrothers and stepsisters, do you have that are older than you?

- ☐ 0
 ☐ 1
 ☐ 2
 ☐ 3
 ☐ 4
 ☐ 5
 ☐ 6 or more

128. Have you changed homes in the past year (the last 12 months)

- ☐ No
 ☐ Yes

129. How many times have you changed homes since kindergarten?

- ☐ Never
 ☐ 5 or 6 times
☐ 1 or 2 times
 ☐ 7 or more times
☐ 3 or 4 times

130. Have you changed schools (including changing from elementary to middle and middle to high school) in the past year?

- ☐ No
 ☐ Yes

131. How many times have you changed schools since kindergarten (including changing from elementary to middle and middle to high school)?

- ☐ Never
 ☐ 5 or 6 times
☐ 1 or 2 times
 ☐ 7 or more times
☐ 3 or 4 times

132. Has anyone in your family ever had severe alcohol or drug problems?

- ☐ No
 ☐ Yes

133. About how many adults (over 21) have you known personally who in the past year have:

Number of Adults

	0	1	2	3-4	5+
a. used marijuana, crack, cocaine, or other drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. sold or dealt drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. done other things that could get them in trouble with the police, like stealing, selling stolen goods, mugging or assaulting others, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. gotten drunk or high?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

134. Is your use of alcohol or drugs causing problems in areas such as your feelings, emotions, family, friends, job, legal, school, health, financial status, or participation in athletic events?

- ☐ I did not use alcohol or drugs ☐ Moderate problem
- ☐ No problem ☐ Severe problem
- ☐ Slight problem

135. In the past year, have you held a paying job while attending school?

- ☐ No
- ☐ Yes, 20 hours or less per week
- ☐ Yes, more than 20 hours per week

136. Have you ever received an alcohol or drug related ticket?

- ☐ No ☐ Yes

137. Students have different ideas of what OTHER students think or do. What do you think is the percentage of Montana students your age who:

81-100%	<input type="checkbox"/>
61-80%	<input type="checkbox"/>
41-60%	<input type="checkbox"/>
21-40%	<input type="checkbox"/>
1-20%	<input type="checkbox"/>
None	<input type="checkbox"/>

a. have smoked cigarettes in the past 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. used smokeless tobacco in the past 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. would say it is wrong to smoke cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

138. In your opinion, what percentage of parents gave a clear message about drug use to their children during the past three months?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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139. Sometimes students have problems they talk to an adult about. Is there an adult in your life you can talk to about your problems? (Mark all that apply)

- ☐ No
- ☐ Parent
- ☐ Relative
- ☐ Youth leader (scouts, church, etc.)
- ☐ Teacher or counselor at school
- ☐ Family Doctor
- ☐ Other adult

140. In the past year, in which of the following activities have you PARTICIPATED?

- a. sports teams ☐ No ☐ Yes
- b. scouting ☐ No ☐ Yes
- c. boys and girls clubs ☐ No ☐ Yes
- d. 4-H clubs ☐ No ☐ Yes
- e. service clubs (YMCA, FFA, DECA, etc.) ☐ No ☐ Yes
- f. other clubs or activities ☐ No ☐ Yes

141. How often do you use each of the following to get information about news and current events?

Never	<input type="checkbox"/>
A Few Times a Year	<input type="checkbox"/>
Once or Twice a Month	<input type="checkbox"/>
At Least Once a Week	<input type="checkbox"/>
Almost Every Day	<input type="checkbox"/>

a. Radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Newspaper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Magazines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

142. How many hours do you estimate that you spend listening to the radio on an average DAY?

- ☐ None ☐ About three hours
- ☐ Half-hour or less ☐ About four hours
- ☐ About one hour ☐ Five hours or more
- ☐ About two hours

143. How much TV do you estimate you watch on an average WEEKDAY?

- ☐ None ☐ About three hours
- ☐ Half-hour or less ☐ About four hours
- ☐ About one hour ☐ Five hours or more
- ☐ About two hours

144. How much TV do you estimate you watch on an average WEEKEND (both Saturday and Sunday combined)?

- ☐ None ☐ 5-6 hours
- ☐ Less than 1 hour ☐ 7-8 hours
- ☐ 1-2 hours ☐ 9 hours or more
- ☐ 3-4 hours

145. How honest were you in filling out this survey?

- ☐ I was very honest
- ☐ I was honest pretty much of the time
- ☐ I was honest some of the time
- ☐ I was honest once in a while
- ☐ I was not honest at all

Thank you for completing the survey